

PLAINTIFF CASSIUS M. CLAY SR.,	COURT CASE NUMBER CA05-125 Erie
DEFENDANT RICHARD GAYDOS	TYPE OF PROCESS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

RICHARD GAYDOS; ACCOUNTING ASSISTANT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

R.D. #10, Box 10; GREENSBURG, PA 15601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

10

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

(814) 621-2110

DATE

4/6/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

OK w mailed 9/21/05 10:45 returned to court unexpected,
return to sender, no longer employed at SCS per attached copy of envelope

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00

10 Richard Kaydos
Handwritten note

PS10
HTT/12
m

RICHARD GAYDOS, ACCOUNTING ASSISTANT
[Redacted address]

